PTOGBLAT (IG-C4)
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| Address to: Mall Stop M Correspondence Commissioner for Patients P.O. Box 1460 Alexandria, VA 22313-1450 | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| INSTRUCTIONS: Only an address associated with a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patienties would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application, if there is a Customer Number already associated with the fee address for the patient or allowed application, check the first box below and provide the Customer Number with the space provided. If there is no Customer Number associated with the fee address for the patient or allowed application, you must check the second box below and attach a Request for Customer Number form (PTO/SB/125). For more information on Customer Numbers, see the Manual of Patient Examining Procedure (MPEP) § 403. | |
| Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: | |
| Customer Number: 000204 | |
| OR | |
| Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s). | |
| PATENT NUMBER | APPLICATION NUMBER |
| (ii Allowit) | 10/729,099 |
| Completed by (check one): | Vakel |
| Applicant/Inventor | |
| | Signature |
| Attorney or Agent of record38221 | /Thomas F. Lebens |
| (Reg. No.) | Typed or printed name |
| Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | 805-781-2865 Requester's telephone number |
| Assignee recorded at ReelFrame | 4/24/06 Date |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below. | |
| * Total of forme are submitted | |

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